

Fill in this information to identify your case:

Debtor 1	I HAROLD	C.	VINES
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	PATRICIA	H.	VINES
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	BALTIMORE	District of	MARYLAND
Case number (if known)	18-22053		

FILED

2018 OCT 22 PM 1:11

U.S. BANKRUPTCY COURT  
DISTRICT OF MARYLAND  
BALTIMORE Check if this is an amended filing#31  
#40127959

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

HCR  
 No. Go to Part 2. Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Priority Creditor's Name	Total claim	Priority amount	Nonpriority amount
CAPITAL ONE	9798	\$ 57995	\$
PO BOX 71053			
Number Street			
CHARLOTTE NC			

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 9798 \$ 57995 \$

When was the debt incurred? Ongoing

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

## Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

2.2

Priority Creditor's Name	Total claim	Priority amount	Nonpriority amount
WF Flooring	3337	\$ 7000.00	\$
PO BOX 4517			
Number Street			
3500 BAINES ST #50306			

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 3337 \$ 7000.00 \$

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

## Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Debtor 1

IHAROLD C. VINES

First Name Middle Name

Last Name

Case number (if known)

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	Total claim	Priority amount	Nonpriority amount
<b>MERRICK BANK</b>	\$ 1200,00	\$ 1200,00	\$ 0,00

Priority Creditor's Name

PO Box 660202

Number Street

DALLAS TEXAS 75266

Last 4 digits of account number

\$ 1200,00

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

## Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

<b>CAPITATION</b>	Last 4 digits of account number	\$ 42836	\$ _____
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Priority Creditor's Name

PO BOX 71083

Number Street

Charlotte NC 28212

Last 4 digits of account number

\$ 42836

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

## Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

<b>CreditFirst</b>	Last 4 digits of account number	\$ 770,00	\$ _____
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Priority Creditor's Name

PO Box 81410

Number Street

Cleveland OH 44101

Last 4 digits of account number

\$ 770,00

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

## Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Debtor 1

IHAROLD C.

Case 18-22053 VINES

Doc 33

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Case number (if known)

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes \_\_\_\_\_

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

BJS

Nonpriority Creditor's Name

PO BOX 69834

Number Street

5 Antonio TX 78265

City

State

ZIP Code

Total claim

\$ 4976.41

Last 4 digits of account number

3617

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.2

Credit One Bank

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

\$ 1900.00

Last 4 digits of account number

0691

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.3

Synchrogy Bank

Nonpriority Creditor's Name

PO Box 41021

Number Street

City

State

ZIP Code

\$ 1000.00

Last 4 digits of account number

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When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Debtor 1

IHAROLD C.  
First Name Middle Name Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

 Wells FARGO BANK

Nonpriority Creditor's Name

P.O. BOX 660 533

Number Street

Dallas TX 75206

City

State

ZIP Code

Last 4 digits of account number 6582\$2000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

 HOV ~~EFF~~ Money Key

Nonpriority Creditor's Name

P.O. BOX 14577

Number Street

DEMONTEKA 50300

City

State

ZIP Code

Last 4 digits of account number UNKNOWN\$900.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

 On Net U.S.A.

Nonpriority Creditor's Name

175 W JACKSON BLVD

Number Street

(CHICAGO IL 60604)

City

State

ZIP Code

Last 4 digits of account number 3532\$1200.00When was the debt incurred? EN 9/14/18

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

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2018 OCT 22 PM 1:11

Check if this is:

 An amended filing A supplement showing postpetition Chapter 13 expenses as of the following date:

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	HAROLD C.	VINES
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Patricia H.	VINES
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Baltimore</u>	District of <u>MARYLAND</u>	
Case number (if known)	<u>18-22053</u>	

## Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

## 1. Is this a joint case?

 No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

 No  
 Yes No  
 Yes No  
 Yes No  
 Yes No  
 Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

 No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1985.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 350.004b. \$ 100.004c. \$ 150.004d. \$ 100.00

Debtor 1

HAROLD G VINES

First Name Middle Name Last Name

Case number (if known) 18-22053

5. Additional mortgage payments for your residence, such as home equity loans
6. Utilities:
- Electricity, heat, natural gas
  - Water, sewer, garbage collection
  - Telephone, cell phone, Internet, satellite, and cable services
  - Other. Specify: Lawn care
7. Food and housekeeping supplies
8. Childcare and children's education costs
9. Clothing, laundry, and dry cleaning
10. Personal care products and services
11. Medical and dental expenses
12. Transportation. Include gas, maintenance, bus or train fare.  
Do not include car payments.
13. Entertainment, clubs, recreation, newspapers, magazines, and books
14. Charitable contributions and religious donations
15. Insurance.  
Do not include insurance deducted from your pay or included in lines 4 or 20.
- Life insurance
  - Health insurance
  - Vehicle insurance
  - Other insurance. Specify: \_\_\_\_\_
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_
17. Installment or lease payments:
- Car payments for Vehicle 1
  - Car payments for Vehicle 2
  - Other. Specify: \_\_\_\_\_
  - Other. Specify: \_\_\_\_\_
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).
19. Other payments you make to support others who do not live with you.  
Specify: \_\_\_\_\_
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.
- Mortgages on other property
  - Real estate taxes
  - Property, homeowner's, or renter's insurance
  - Maintenance, repair, and upkeep expenses
  - Homeowner's association or condominium dues

## Your expenses

5.	\$ _____
6a.	\$ <u>350.00</u>
6b.	\$ <u>30.00</u>
6c.	\$ <u>260.00</u>
6d.	\$ <u>35.00</u>
7.	\$ <u>300.00</u>
8.	\$ <u>-0-</u>
9.	\$ <u>70.00</u>
10.	\$ <u>20.00</u>
11.	\$ <u>70.00</u>
12.	\$ <u>160.00</u>
13.	\$ <u>30.00</u>
14.	\$ <u>500.00</u>
15a.	\$ _____
15b.	\$ _____
15c.	\$ <u>220.00</u>
15d.	\$ _____
16.	\$ _____
17a.	\$ <u>-0-</u>
17b.	\$ <u>-0-</u>
17c.	\$ <u>-0-</u>
17d.	\$ _____
18.	\$ <u>-0-</u>
19.	\$ <u>-0-</u>
20a.	\$ <u>-0-</u>
20b.	\$ <u>0.00</u>
20c.	\$ <u>500.00</u>
20d.	\$ <u>0</u>
20e.	\$ <u>-0-</u>

Debtor 1

HAROLD  VINES

First Name Middle Name

Last Name

Case number (if known)

18-22053

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

## 22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 4110.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 4110.00

## 23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 5200.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 4110.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ 1090.00

The result is your monthly net income.

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes. Explain here:

Cost of living going up, and we are  
on a fixed income

Fill in this information to identify your case:

Debtor 1	<u>HAROLD VINES</u>	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	<u>PATRICIA VINES</u>	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: _____ District of _____		
Case number (If known) _____		

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Harold Vines

Signature of Debtor 1

x Patricia Vines

Signature of Debtor 2

Date MM / DD / YYYY

Date MM / DD / YYYY